

# Required format for a statewide absentee ballot application

Size 8½ x 5½"

APPLICATION FOR AN ABSENTEE BALLOT		
FOR THE <u>March 2, 2004</u> , <u>Primary</u> ELECTION <small>(month, day, year) (type of election)</small>		
To obtain an absentee ballot, complete the information on this form. This application must be received by the elections official no later than 5 pm on <u>February 24, 2004</u> .		
1. PRINT NAME:	2. DATE OF BIRTH: _____ <small>mo/day/yr</small>	
_____ <small>First Name Middle Name or Initial Last Name</small>		
3. RESIDENCE ADDRESS (please print): _____ <small>Number and Street - as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N, S, E, W if used)</small>		
_____ <small>City County ZIP Code</small>		
4. TELEPHONE NUMBER: (_____) _____ <small>daytime (optional) evening (optional)</small>		
5. PRINT MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE): <small>NOTE: Organizations distributing this form may not preprint mailing address information.</small>		
_____ <small>Number and Street/P.O. Box (Designate N, S, E, W if used)</small>		
_____ <small>City U.S. State or Foreign Country ZIP Code</small>		
6. <input type="checkbox"/> I am not presently affiliated with any political party. However, for the primary election only, I request an absentee ballot for the _____ Party. *		
<small>NOTE: Organizations distributing this form may not preprint check mark or political party name.</small>		
7. THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT		
I have not applied for, nor do I intend to apply for, an absentee ballot from any other jurisdiction for this election. I certify under <b>penalty of perjury</b> under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct.		
_____ <small>SIGNATURE Date</small>		
<b>WARNING:</b> <i>Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)</i>		
8. THIS FORM IS PROVIDED BY: _____		
<b>IMPORTANT:</b> organizations providing this form must enter their name, address and telephone number		

**FOR OFFICIAL USE ONLY**

**NOTICE**  
You have the legal right to mail or deliver this application directly to the local elections official of the county where you reside. Returning this application to anyone other than your elections official may cause a delay that could interfere with your ability to vote.

\* In order to determine which parties allow Decline to State voters to vote in their primary elections, contact the Secretary of State's toll-free number: 1-800-345-VOTE.  
Elections Code Section 3006(c)

☐ **PERMANENT ABSENTEE VOTER**  
Check here to become a Permanent Absentee Voter. Any voter may request to be a Permanent Absentee Voter. If you check the box above and sign here: \_\_\_\_\_  
an absentee ballot will automatically be sent to you for future elections. Failure to vote in a statewide election will cancel your Permanent Absentee Voter Status and you will need to reapply. If you have any questions concerning voting by Absentee Ballot, telephone your county of residence Elections office.  
Elections Code Section 3201, 3206

The format used on this application MUST be used by ALL individuals, organizations and groups that distribute absentee ballot applications.  
Elections Code Section 3007  
Failure to conform to this format may result in criminal prosecution.  
Elections Code Section 18402

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<p>Your Return Address</p> <p>Remember to sign your application.</p> <hr/> <hr/> <hr/>	<p>First Class Postage</p>
<p>IMPORTANT: Return to your county elections official:</p>	